

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 03 JAN 30 PM 3:44

DOCUMENT # P99000094257

1. Corporation Name
 WILLIAM'S RESTAURANT VENTURES, INC.

Principal Place of Business Mailing Address
 1136 94TH AVE N 1136 94TH AVE N
 ST PETERSBURG FL 33702 ST PETERSBURG FL 33702



REINSTATEMENT 02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/25/1999	
City & State		City & State		5. FEI Number	
Zip		Country		59-3605091	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
JP	WILLIAMS, JOHN M JR	6918 N THATCHER AVE 6918	TAMPA FL 33614

700008844067
 11/07/02--01016--007 **750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BULLINGTON, WALTER G JR 628 STONE DR BRANDON FL 33510	Name: Steven E Johnson Street Address (P.O. Box Number is Not Acceptable): 239 301 Boulevard East Suite, Apt. #, Etc.: Suite F City: Bradenton State: FL Zip Code: 34208-4400

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: *[Signature]* REGISTERED AGENT MUST SIGN Date: 1-27-03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 10/31/02 Daytime Phone #: 777-568-0202

CR2E040 (9/02)

2/3/03